| Effective December 8, 2004 09/640,092   |                     |   |                  |                  |            |                    |                        |              |                               |                        |  |
|---|---------------------|---|------------------|------------------|------------|--------------------|------------------------|--------------|-------------------------------|------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |                     |   |                  |                  |            | SMALL ENTITY TYPE  |                        |              | OTHER THAN<br>OR SMALL ENTITY |                        |  |
| TOTAL CLAIMS  | TAL CLAIMS 17       |   |                  |                  |            | RATE               | FEE                    | 1            | RATE                          | FEE                    |  |
| FOR   | NUMBER              | FILED                                   | NUMBER EXTRA     |                  |            | BASIC FEE          | 395                    | OR           | BASIC FEE                     | \$90.00                |  |
| TOTAL CHARGEABLE CL   | AIMS mi             | nus 20= *                               | *                |                  |            | x\$25              | · -                    | OR           |                               |                        |  |
| INDEPENDENT CLAIMS  |                     | inus 3 = *                              | *                |                  |            | x./00              |                        | OR           | x 200                         |                        |  |
| MULTIPLE DEPENDENT C  | LAIM PRESENT        | RESENT                                  |                  |                  |            | 180.00             |                        | OR           | 360                           |                        |  |
| * If the difference in colun  | nn 1 is less than z | less than zero, enter "0" in o          |                  |                  | Į          | TOTAL              |                        | OR           | TOTAL                         | 1090                   |  |
| CLAIMS  | ,                   | IDED - PART II (Column 2) (Column 3)    |                  |                  |            | SMALL I            | ENTITY                 | OR           | OTHER                         | THAN                   |  |
| Total * //  | IMS<br>INING<br>ER  | HIGHES<br>NUMBE<br>PREVIOU<br>PAID FO   | st<br>Er<br>Jsly | PRESENT<br>EXTRA |            | RATE               | ADDI-<br>TIONAL<br>FEE |              | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
| Total * /   | <b>Minus</b>        | * 2                                     | 0                |                  |            | X\$ 25             |                        | OR           | X\$:55                        |                        |  |
| Independent *   | / Minus             | ***                                     | 3                | -                |            | x./00              |                        | OR           | × 200                         | 1:                     |  |
| FIRST PRESENTATION  | OF MULTIPLE DE      | PENDENT C                               | CLAIM            | البال            |            | +/80               |                        | OR           | + 360                         |                        |  |
|   |                     |   |                  |                  | . <u>.</u> | TOTAL<br>ODIT. FEE |                        | OR           | TOTAL<br>ADDIT. FEE           | 1                      |  |
| (Column 1) (Column 2) (Column 3)  |                     |   |                  |                  |            |                    |                        |              |                               |                        |  |
| Total   | INING<br>ER         | HIGHES<br>NUMBE<br>PREVIOU<br>PAID FO   | ER<br>JSLY       | PRESENT<br>EXTRA |            | RATE               | ADDI-<br>TIONAL<br>FEE |              | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
| Total * /   | 2 Minus             | . 2                                     | 0                | =                |            | X\$25              |                        | OR           | X\$ 50                        |                        |  |
| Independent *   | / Minus             | ***                                     | 3                | -                |            | ×/00               |                        | OR           | × 210                         |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |                     |   |                  |                  |            | +/80               |                        | OR           | 368                           |                        |  |
| · ·   |                     |   |                  |                  | L          | TOTAL<br>DDIT. FEE |                        | OR ,         | TOTAL<br>ADDIT, FEE           | ·                      |  |
| (Colun  | nn 1)               | (Celumn                                 | 1 2)             | (Column 3)       |            | DUI CE-            |                        | •            | - DOI I LEE                   |                        |  |
| CLAI REMAI AFTI AMEND Total * Independent *   | MS<br>NING<br>ER    | HIGHES<br>NUMBE<br>PREVIOU<br>• PAID FO | ST<br>R<br>ISLY  | PRESENT<br>EXTRA |            |                    | ADDI-<br>TIONAL<br>FEE |              | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
| Total *   | Minus               | **                                      |                  | =                |            | X\$25              |                        | OR           | X\$ 50                        |                        |  |
| Independent +   | Minus               | ***                                     |                  | =                |            | ×/00               |                        | OR           | x200                          |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |                     |   |                  |                  |            | +/80               |                        | · I          | +360                          |                        |  |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. For "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |                     |   |                  |                  |            |                    |                        | OR [<br>OR A | TOTAL<br>DOIT. FEE            |                        |  |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.   |                     |   |                  |                  |            |                    |                        |              |                               |                        |  |

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number